FORM D

the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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E h	07049857	1
<u> </u>	UNLY	
Prefi	x Serial	
ī	ATE RECEIVED	
nited liab	lity company interests	

Name of Offering (check if this is an amendment and name has changed, and indicate changed	ange.) limited liab	ility company interests
Series D Senior Convertible Preferred Stock		- CEIVED
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Sect	ion 4(6) ULC	DE CONTRACTOR OF THE PROPERTY
Type of Filing: New Filing Amendment		APR 0 9 ZNNZ
A. BASIC IDENTIFICATION DATA		1001
1. Enter the information requested about the issuer	12	
Name of Issuer (check if this is an amendment and name has changed, and indicate chan Netuitive, Inc.	ge.) .	185
Address of Executive Offices: (Number and Street, City, State, Zip Code)	Telephone Numbe	r (Including Area Code)
12700 Sunrise Valley Drive, Reston, Virginia 20191-5804	703.464.1500	(
Address of Principal Business Operations: (Number and Street, City, State, Zip Code)		r (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business:		
The Corporation provides automated infrastructure performance analysis software for th	resbld and alarm	management, predictive
analysis, problem diagnosis and reporting.		:
Type of Business Organization		PPACECCED
	(please specify):	PROCESSED
 ☐ business trust ☐ limited partnership, to be formed 		450 4 0 cccm
Month Year		APR 1 3 2007
Actual or Estimated Date of Incorporation or Organization: 0 2 0 2	Actual 🔲 Estim	ated THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	for State: DE	THOMSON
CN for Canada; FN for other foreign jurisdiction)	FINANCIAL
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regul U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by at that address after the date on which it is due, on the date it was mailed by United States register.	es in the offering y the SEC at the ad	. A notice is deemed filed with ldress given below or, if received
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washing		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be made photocopies of the manually signed copy or bear typed or printed signatures.	1	copies not manually signed must
Information Required: A new filing must contain all information requested. Amendments need changes thereto, the information requested in Part C, and any material changes from the in Part E and the Appendix need not be filed with the SEC.		
Filing Fee: There is no federal filing fee:		
State:		
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (UI adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice sales are to be, or have been made. If a state requires the payment of a fee as a precondition to amount shall accompany this form. This notice shall be filed in the appropriate states in accompanitions appeared to this notice and must be completed.	with the Securities to the claim for the	Administrator in each state where exemp-tion, a fee in the proper

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on

A. BASIC IDENTIFICATION DA	TA	
2. Enter the information requested for the following:		
 Each promoter of the issuer, if the issuer has been organized within the past five year 		
 Each beneficial owner having the power to vote or dispose, or direct the vote securities of the issuer; 	or disposition of, 10% or	more of a class of equity
Each executive officer and director of corporate issuers and of corporate general	al and managing partners of	f partnership issuers; and
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive	Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Sanna, Nicola		
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·
c/o Netuitive, Inc., 12700 Surrise Valley Drive, Reston, Virginia 20191-5804	:	
	Officer Director	General and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive	Officer Director	Managing Partner
Full Name (Last name first, if individual)		<u> </u>
Louis, Hunter		
Business or Residence Address (Number and Street, City, State, Zip Code)	1	
•		
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804	or M p:	Compand and/or
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive	Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Farzami, Babak	<u> </u>	
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804	<u> </u>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer	General and/or Managing Partner
Full Name (Last name first, if individual)		
Gupta, Arun		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804	1	
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		-
Elwell, Ron		
Business or Residence Address (Number and Street, City, State, Zip Code)		•
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804		
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director	General and/or
		Managing Partner
Full Name (Last name first, if individual) Terbeek, Mark		
Business or Residence Address (Number and Street, City, State, Zip Code)	, 1	-
•	1	
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804		
Check Box(es) that Apply: Promoter Beneficial Owner Executive	Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Sarig, Ido		
Eusiness or Residence Address (Number and Street, City, State, Zip Code)		
c/o Netuitive, Inc., 12700 Sunrise Valley Drive, Reston, Virginia 20191-5804		

1				
A	A. BASIC IDENTII	FICATION DATA		
2. Enter the information requested for the follow	-	_		
 Each promoter of the issuer, if the issuer has l 				
 Each beneficial owner having the power to securities of the issuer; 	vote or dispose, or	direct the vote or dispos	sition of, 10% or	more of a class of equity
 Each executive officer and director of corpo 	orate issuers and of c	corporate general and ma	naging partners o	f partnership issuers; and
 Each general and managing partner of partner 	rship issuers.			
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Gilbert, Tony				
Business or Residence Address (Number and	Street, City, State, 2	Zip Code)	ż	
c/o Netuitive, Inc., 12700 Sunrise Valley Driv	ve, Reston, Virgini	ia 20191-5804		
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	,			
Thomas Weisel Venture Partners, L.P.				•
Business or Residence Address (Number and	Street, City, State, 2	Zip Code)		i I
1950 University Avenue, Suite 501, East Pale	o Alto, California	94303		
	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
OneLiberty Ventures 2000, L.P.				
	Street, City, State, 2	Zip Code)		
c/o Flagship Ventures, One Memorial Drive,	•	•		
	Beneficial Owner	Executive Officer	Director	General and/or
Check Box(cs) that Apply. Tronsect	Deliciticiai Owner	·		Managing Partner
Full Name (Last name first, if individual)			-	
Noro-Moseley Partners IV, L.P.				
Business or Residence Address (Number and	Street, City, State, 2	Zip Code)		
9 Parkway Square, 4200 Northside Parkway	y, N.W., Atlanta, C	Georgia 30327		
	Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, if individual)				-
Columbia Netuitive Partners III, LLC				
Business or Residence Address (Number and	Street, City, State, 2	Zip Code)		
201 N. Union Street, Suite 300, Alexandria,	Virginia 22314			
Check Box(es) that Apply: ☐ Promoter ☐	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			1	
Columbia Capital Equity Partners III (QP),	LP			
Business or Residence Address (Number and	Street, City, State, 2	Zip Code)		
201 N. Union Street, Suite 300, Alexandria,	Virginia 22314			
•			. 1	

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	i ,
Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or	more of a class of equity
securities of the issuer;	
 Each executive officer and director of corporate issuers and of corporate general and managing partners 	of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Bessemer Venture Partners V L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
c/o Bessemer Venture Partners, 1865 Palmer Avenue, Larchmont, New York, 10538	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Bessec Ventures V L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	Ì
c/o Bessemer Venture Partners, 1865 Palmer Avenue, Larchmont, New York, 10538	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
EnerTech Capital Partners, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)]
435 Devon Park Drive, Suite 410, 700 Building, Wayne, Pennsylvania 19087-1945	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
MK Capital SBIC, L.P.	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1033 Skokie Boulevard, Suite 430, Northbrook, IL 60062]
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) Maxwell, Bret	
Business or Residence Address (Number and Street, City, State, Zip Code)	
1033 Skokie Boulevard, Suite 430, Northbrook, IL 60062	
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Cross Creek Capital, LP	
Business or Residence Address (Number and Street, City, State, Zip Code)	
150 Social Hall Avenue, 4th Floor, Salt Lake City, UT 84111	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·

B. INFORMATION ABOUT OFFERING	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes No □ ⊠
Answer also in Appendix, Column 2, if filing under ULOE.	
2. What is the minimum investment that will be accepted from any individual?	\$ N/A .
	Yes No
3. Does the offering permit joint ownership of a single unit?	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If	a person
to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state of list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such	
or dealer, you may set forth the information for that broker or dealer only.	······································
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code	
	T.
Name of Associated Broker or Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MI] [MN] [MS] [MT] [NE] [NV] [NH] [NV] [NV] [NC] [ND] [OH] [OK] [OR]	[MO] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[PR]
Full Name (Last name first, if individual) N/A	
Business or Residence Address (Number and Street, City, State, Zip Code) N/A	
Name of Associated Broker or Dealer N/A	
Name of Associated Blokel of Dealer	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	
(Check "All States" or check individual States)	All States
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[PA] [PR]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[r K]
·	•
	••
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	ISE OF PROCE	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		•	
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	ĺ	\$0
	Equity:	<u> </u>	T ₀	S 0
	Common Preferred			-
ι	- · · · · · · · · · · · · · · · · · · ·	\$ <u>8,000,000.</u> (07	\$8,000,000.07
	Partnership Interests	\$	$\overline{\mid}_{0}$	\$ 0
	Other (Specify)	<u></u>	0	\$ 0
		\$ <u>8,000,000</u>	07	\$ 8,000,000.07
'			<u> </u>	* <u></u>
	Answer also in Appendix, Column 3, if filing under ULOE			
, 2 .	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases of the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		18	\$ <u>8,000,000.07</u>
	Non-accredited Investors		0	\$0
	Total (for filings under Rule 504 only)		<u> </u>	\$
i .	Answer also in Appendix, Column 4, if filing under ULOE			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
:	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
. 4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of in this offering. Excluded amounts relating solely to organization expenses of the information may be given as subject to future contingencies. If the amount of an expense known, furnish an estimate and check the box to the left of the estimate.	issuer. The		. *
	Transfer Agent's Fees			S
•	Printing and Engraving Costs			S
	Legal Fees			⊠ \$ <u>75,000.00</u>
•	Accounting Fees			\$
	Engineering Fees			S
	Sales Commissions (specify finders' fees separately)			□ s
	. Other Expenses (identify) Finders' fees			
	Total ,			⊠ \$ <u>75,000.00</u>

	C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES AND U	JSE OF P	ROCEEI	S	
	estion I and total expenses furn	aggregate offering price given in response to Part C - hished in response to Part C - Question 4.a. This needs to the issuer."				\$ <u>7,925,000.0</u>
be fur list	used for each of the purposes shrish an estimate and check the box	nown. If the amount for any purpose is not known, at to the left of the estimate. The total of the payments proceeds to the issuer set forth in response to Part C -				
•	·			ments to		
				officers, ectors, &		Payments To
			Α	ffiliates		Others
	4			 		\$
•	Purchase of real estate		□ \$	<u> </u> 		\$
	Purchase, rental or leasing and in	nstallation of machinery and equipment	□ \$	<u> </u>		\$
	Construction or leasing of plant b	buildings and facilities	□ \$	<u> </u>		\$
,		including the value of securities involved in exchange for the assets or securities of another				
•		exchange for the assets of securities of another	□ \$	<u> </u>		\$
	Repayment of indebtedness		\$			\$
	Working capital		□ \$	<u> </u>	\boxtimes	\$_7,925,000.0
	Other (specify)		□ \$			\$
				-		
			 \$			\$
•	Column Totals		_ s_	1	\boxtimes	\$_7,925,000.0
	***************************************	Total Payments Listed (column totals added)	⊠ \$	7,925,00	0.07	
	, , ,	D. FEDERAL SIGNATURE		1		
ollowing of its staff ssuer (Pri	signature constitutes an undertakin , the information furnished by the is nt or Type)	e signed by the undersigned duly authorized person. If the graph to the U.S. Securities and Exchanges surer to any non-accredited investor pursuant to paragraph (nge Comm b)(2) of Ru	ission, up ile 502.	on w	ritten request
Netuitive,		this 6		April 5	, 200	7
	ligner (Print or Type)	Title of Signer (Print or Type)				
lunter L	ouis	Chief Financial Officer		,		
	•					
		•	•			
		ATTENTION				
ntentio	nal misstatements or omiss	ions of facts constitute federal criminal violation	ns. (Se	ė 18 U.S	.C. 1	001.)

